Conewago Twp. Police Department

Complaint Statement Form

Complainant's Name:		Home Phone:	
Address:		Bus. Phone:	
Witnesses Name:		Home Phone:	
Officer Receiving Compl	aint:	Date/Time:	
Nature of Complaint:			
Type of incluent.		Date/Time:	
Synopsis:		Buttlef Time.	
Additional page(s) Attach	ed: □ yes □ no		
	·		
Officer(s)/Fersonner nivo	ived		
misdemeanor of the thi does not believe to be to the effect that false sta and/or False Reports to	rd degree, if he/she m rue, on or pursuant to tements made therein Law Enforcement Au he/she knowingly give	ents "Under Penalty"- A person coakes a written false statement which a form bearing notice, authorized by are punishable. (Title 18, Section thorities – A person commits a misdes false information to any law enfo	h he/she y law, to 4904.b), emeanor
	Signature of Compl	ainant Date	_

CONEWAGO TWP. POLICE DEPARTMENT

Complaint Tracking Form

Complainant's Name	Home Phone			
Address	Bus. Phone			
Witnesses Name	Home Phone			
Address	Bus. Phone			
Name of Supervisor receiving complaint	Date/Time			
Nature of Complaint				
Type of Incident				
Location , Date/Time Occurred				
Synopsis				
Additional Page(s) yes no. Officer(s)/Personnel involved:				
A.				
Supervisor conducting inquiry or formal investigation:				
Results of Supervisor's inquiry or formal investigation:				
Supervisor's Disposition: A. Sustained B. Not Sustained C. Unfounded	D. Exonerated			
Action Taken or recommended				
Chief of Police Date Reviewed: Concur Not C	Concur			
Action Taken or Recommended for adjudication:				
Chief of Police (signature)	Date			